

CHAPTER 10. ABSENCES

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RESCISSIONS

The following material is rescinded.

COMPLETE RESCISSIONS:

Manuals

M-1, part I, chapter 10, change 80
M-1, part I, chapter 10, dated December 9, 1970
M-1. part I, chapter 10, change 1, dated April 6, 1971
M-1, part I, chapter 10, change 2, dated February 7, 1973
M-1, part I, chapter 10, change 3, dated October 5, 1979
M-1, part I, chapter 10 dated October 31, 1986

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SECTION I. DEFINITIONS

10.01 AUTHORIZED ABSENCE

This is the term used to describe the approved absence of patients from VA medical centers, domiciliaries, or nursing home care units.

10.02 PATIENTS

This term as used in this chapter applies to patients in the hospital, NHCU (Nursing Home Care Unit) or domiciliary of VA medical centers. The terms "hospital patient," "NHCU patient" and "domiciliary patient" are used in this chapter to distinguish patients within specific levels of care.

10.03 UNAUTHORIZED ABSENCE

This term is used to describe the status of patients who absent themselves from VA care without approval and their condition renders discharging not appropriate.

10.04-10.06 (Reserved.)

SECTION II. POLICIES

10.07 GRANTING OF AUTHORIZED ABSENCE

a. The granting of authorized absence to hospital patients is generally discouraged and will be approved only for compelling reasons. Staff physicians have the authority to grant such approval. This policy is applicable to active duty military and non-VA beneficiaries.

b. Authorized absence for NHCU, long-term psychiatric and domiciliary patients is intended to reinforce the treatment and rehabilitation program and will be used liberally. The Therapeutic Planning Board or staff physician has the authority to

approve authorized absences and extensions for NHCU, long-term psychiatric and domiciliary patients.

10.08 TIME LIMITS FOR AUTHORIZED ABSENCE

a. A period of authorized absence for hospital patients may not exceed 96 hours, except for long-term patients. Long-term patients may be granted a period of authorized absence not to exceed 14 days when, in the opinion of the patient's physician, such absence is therapeutically indicated. Generally, a long-term patient is a patient whose length of stay is, or is expected to be, 30 days or longer. One full period of authorized absence may not be immediately followed by another authorized absence. Requirements for absences exceeding these time limits will be met by releasing the patients from inpatient status according to provisions of chapter 13.

b. A period of authorized absence for NHCU or domiciliary patients may not exceed 30 days.

c. The granting of extended authorized absences to active military patients who are medically ready for discharge is discouraged. Patients who are in this category will be released from inpatient care and the appropriate service department will be advised as provided in chapter 13.

10.09 FAILURE TO RETURN FROM AUTHORIZED ABSENCE

Hospital, NHCU, and domiciliary patients failing to return by the specified time will be released as of midnight the date of scheduled return in accordance with the instructions in chapter 13, unless they meet the requirements of paragraph 10.11.

10.10 ABSENCE WITHOUT APPROVAL

Patients who absent themselves without approval will be released as of midnight the date their absence occurred, unless they meet requirements of paragraph 10.11.

10.11 USE OF UNAUTHORIZED ABSENCE STATUS

a. Patients who fail to return from an authorized absence or those who absent themselves without approval will be placed in unauthorized absence status when one or more of the following conditions exist:

- (1) The individual is legally committed to the VA, and
 - (a) The VA facility desires to maintain the commitment, or
 - (b) The applicable State laws require that the patient be maintained on the facility's rolls for a prescribed period.
- (2) The VA medical center receives an institutional award for the patient and discontinuance would cause financial hardship.
- (3) The patient is considered incapable of understanding the significance of actions, and the treating physician has documented this information in the medical record.

b. Prompt notification will be made to the guardian and/or next of kin of persons placed on unauthorized absence status. In addition, the commanding officer of active

duty military personnel will be notified. Notification of a patient's failure to return will be made to VA medical center's Security Service and the appropriate local law enforcement agencies. Such notifications usually will be relayed by telephone, and the officials will be advised as to the actions they should take if the person's whereabouts become known to them. They should be promptly informed if the patient returns from unauthorized absence or is located through some other source. The court of commitment will be notified when required under State laws. Notifications made will be documented on VA Form 10-2331, Report of Unauthorized Absence, and in the patient's medical record.

10.12 TIME LIMIT FOR UNAUTHORIZED ABSENCE

a. Patients will be removed from unauthorized absence status when their whereabouts are identified; however, under no circumstances will they be retained in such status for more than 30 days. Types of disposition from unauthorized absence status would be rehospitalization,

release from VA inpatient care (according to provisions of ch. 13), or the patient may be placed on authorized absence if appropriate. If none of these actions are taken and it is desired (or required) to maintain a commitment or institutional award, the patient will be placed in the nonbed care program.

b. Adjudication Division will be notified on the first workday following the placement of a service-connected veteran on unauthorized absence if (1) the patient has received 21 days of continuous hospitalization, and (2) VA Form 10-7131 has been received with item 3 checked, and (3) a 21-day certificate has been submitted to the regional office. In such cases, it will be necessary to immediately release the patient to nonbed care in order to avoid overpayment.

10.13 PARTICIPATION IN THERAPEUTIC AND REHABILITATIVE PROGRAMS

a. The approved absence of patients participating in therapeutic and rehabilitative programs is not considered authorized absence as described in this chapter, but rather as part of the patient's treatment. Such programs range from granting patients the privilege of leaving the medical center grounds during specified hours, recreational outings, etc., and/or participation in work-for-pay community related programs. To maintain status as a bed occupant, such patients must be physically present to receive inpatient care some part of each day. Adequate justification and description of such activities must be included in the patient's treatment plan in the medical record.

b. Directors will establish and issue local policy with respect to the frequency, duration, and geographic limitations on therapeutic and rehabilitative absences for hospital, NHCU, and domiciliary patients. The action to be taken for persons who fail to return from such absences will be the same as prescribed in paragraph 10.10.

10.14 MEDICATION

Necessary medications and other supplies for the treatment of hospital, NHCU, and domiciliary patients on authorized absence will be furnished as determined medically appropriate.

10.15 TRANSPORTATION

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Transportation will not normally be provided to patients who are granted authorized absence either for departure from or return to the VA medical center, Nursing Home Care Unit or domiciliary, except as provided in chapter 25.

10.16-10.18 (Reserved.)

SECTION III. PROCEDURES

10.19 DOCUMENTING ABSENCES AND RETURNS FROM ABSENCES

a. Approval of authorized absences will be documented in the medical record. Documentation will include any necessary orders for medication, instructions to the patient, duration of absence, etc.

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b. The return of a hospital or NHCU patient from authorized absence will be documented in the appropriate medical record showing date, time and condition of patient. Documentation of the return of domiciliary patients will be prescribed by local management.

c. The return of a person from unauthorized absence will be documented in the medical record and will include the date and time of return and condition of the patient.

10.20 SUPERVISION WHILE ON AUTHORIZED ABSENCE

Staff physicians will determine if a patient requires supervision during an authorized absence. The name and relationship of the person who is to provide such supervision will be documented in the medical record. The ward nurse or designee will annotate the medical record to indicate the time and date of patient's release to that person, the destination, and how that person can be contacted, if necessary.

10.21 ADMINISTRATIVE CONTROLS

a. Administrative controls on authorized absences require that a suspense record be maintained to ensure that proper and timely action is taken if the person fails to return.

b. Controls must be established for persons placed on unauthorized absence to ensure prompt notifications and timely followup to obtain settlement of institutional awards and release of court commitments within the prescribed time limits.

c. Notification of absences will be made to the appropriate Adjudication Division as required by chapter 6.

10.22 STATISTICAL ACCOUNTING

a. Hospital, NHCU, and domiciliary patients on authorized absence not exceeding 96 hours will be statistically recorded as bed occupants and their beds will be reserved. All periods of authorized absence are recorded in the Patient Treatment File system.

b. NHCU and domiciliary patients and those patients granted absences exceeding 96 hours will be statistically recorded as absent bed occupants and will be dropped from

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the remaining bed count. Beds will not be reserved for more than 96 hours prior to their scheduled return.

c. If a 96-hour absence is subsequently converted to a longer absence for those persons so entitled, a retroactive adjustment will be made to record the person as an absent bed occupant effective as of the date of initial departure.

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